1	W	I	maryland state department of Health—Baltimore, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  07396	
hauld be	1	1.	Reg. Dist. No.  **RACE OF DEATH*    COUNTY   Cou	-
Page 4 s buriol, cr			CITY OR TOWN (If outside corporate limits, write RURAL one faire nearest town) and givenocyti rown)	1
directar. Mes. r prior to	00	L	. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  PALL  ON A FARM YES  NO	E?
fune or y regismo			NAME OF SIGNAL AND	1
3 to the stained fraith the	T	1	ONALE WIDOWED DIVORCED 30/855 Implimited by the Months Days Hours Min.  USUAL DECUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHRUACE (Store) or foreign country)  12. CINTER OF WHAT COUNTY Using most of most kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHRUACE (Store) or foreign country)	
1, 2, and nay be re			FATHER'S NAME  FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
ve Pages Page 5 r	0	19%:	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. PAINTORMANT MANY BURNERS THE SECURITY NO. PAINTORMANT MANY BURNERS THE SECURITY NO. PAINTORMANT MANY BURNERS THE SECURITY NO.	-
orm 18. Gi arm PM3. t permit.			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Uremia  2 days	
encil in Ite ong with f urial-transi	, 1		Canditions, if any, which by a constant the underlying DUE TO	
ling" in p Office of	0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS  PROCTUPE NECK P. CEMUP.	_
aminer's		L CERTIFIC	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING P CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) Slipped and fell in home	
the ward edical Exam ge 3 should	09	MEDICA	20c. TIME OF INJURY Month, Doy, Year Plaur o. m. June 157   20d. INJURY OCCURRED Not while of work of	
te, writing CTOR: Po			21. 1 certify that I taok charge of the remains described above, held an Autopsy, Inspection _X, Inquiry _X, and find to death resulted from: Natural causes Accident _X, Suicide, Hamicide, Undetermined cause	nat
certificated to the AL DIREC	i 2		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	
forw forw Fb	o e e e e e e e e e e e e e e e e e e e	229	EXAMINER'S NAME (Type) John Mare Jr. DEPUTY MEDICAL EXAMINER 7/9/57  BURIAL CREMATION. 22b. DATE THEREOF 22c. MARE OF CEMEURY OR CREMATORY 22d. LOGATION (City John, or couple) (Specify) 22d. LOGATION (City John, or couple)	
S. A15ME(5)	Des 1	23	HONERAL DIRECTORS SIGNATURE  ADDRESS  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE  PATE 7/9/3 > 75 L: 200 C.C. D.	_
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BUREAU V. E.

1925 JUL 16 1957

BECEIVED

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		07414 CERTIFICATE OF DEATH Reg. Dist. No. 1/6
Mi )		PLACE OF DEATH  O. COUNTY  DORCHESTER  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  O. STATE ARYLAND  b. COUNTY  WICOMICS
		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  SALIBBURY
6		d. NAME OF HOSPITAL (If not in hospital, give street address)  ON A FARM?  YES NO STATE HOSPITAL
)		NAME OF DECEASED (Type or print) MORRIS SHERMAN BOUNDS 4. DATE OF DEATH JULY 18 1957
	5.	SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost birthday)   Months Days Hours Min.
1	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  HARYLANA  12. CITIZEN OF WHAT COUNTRY  HARYLANA  13. CITIZEN OF WHAT COUNTRY
	13.	FATHER'S NAME AZARIAH BOUNDS 14. MOTHER'S MAIDEN NAME MARY WHITE
0	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT S. no. or unknown) NO   (If yes, give wor or dates of service)   CASTERN SHORE STATE HOSPITAL RECORD
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PRIERIOS CLEROTIC HEART DISEASE  ONSET AND DEATH  SEVERAL. YE
		Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  (b)  DUE TO  SEVERAL  YEAR  VEAR  1
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \sum \) NO
	L CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Not While Not while at work at wo
		21. I certify that I attended the deceased from \$ -29., 1956, to \$7-18., 1957, that I last saw the deceased alive on \$7-18., 1957., and that death occurred at \$25 PM, from the causes and on the date stated above
-		ACTUAL SIGNATURE SIGNATURE STATE HOS PITAL
-		PHYSICIAN'S LIEUKGE E. CURRIER CAMBRIDGE, MARYLAND
	220	ENOVALSPORTE THEREOF 57 225 NAME OF CEMETERY OR CREMATORY TERY SALIS DURY MARY LAND
R	23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS   240. REC'D BY REGISTRAR'S SIGNATURE    TILL TOTN'SON SALISOURY DATE - 20 D SALISOUR AND MAKE AND M
A		Horman T. Balber

105 SE 1957

VS A15 (4) 15M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

97398

	07402	CERTIFICA	TE OF DEATH		Reg. Dist. No.				
1	1. PLACE OF DEATH o. COUNTY Dorchester Co.	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institut b. COUNTY	ion: Residence before admission)				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ca mbridge Md.	c. LENGTH OF STAY IN 16			RURAL and give nearest town)				
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION  Cambridge Md. Hospital	oddress)	d. STREET ADDRESS Travers Cour		e. IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF First DECEASED (Type or print) Marry	Middle M. B	lost radley	4. DATE MODE OF DEATH JULY 21	nth Day Year 1957 1957				
	5. SEX 6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.				
	Female White WIDOWE	DIVORCED	Sept. 4. 1971	lost birthday) 85 yrs.	Manths Days Hours Min.				
1	10c. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  None				12. CITIZEN OF WHAT COUNTRY? USA				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA						
	Zion		Elizal	beth Ross					
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. IN	IFORMANT		fress				
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS COUNTY CONDITIONS COUNTY CONDITIONS COUNTY CONDITIONS COUNTRIBUTING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	OVERTAL BUT INTERESTED TO SERVED TO			VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO				
	20c. TIME OF INJURY Month, Day, Year 20d. In Hour o. g White	Not white of work	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f. (City or town)	(County) (State)				
	alive on 7/2 / 157 19	ACTUAL SIGNATURE Manyon M.D. 136 Race J. DATE SIGNED  PHYSICIAN'S 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
	220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial July 23, 1957	Dorchester Me	em. Park	22d. LOCATION (City, town, Cambridge Md.					
	23. FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service	Cambridge Md.	24a. REC'D	BY REGISTRAR 246. REGI	ISTRAR'S SIGNATURE				

1961 08 700

BUREAU V.

by the funeral director, and 2 should be filed with

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

moy be retained by the hospital or ottending physician.

Yes To FUNER A DIRECTOR: After this certificate has been signed by the ottending physician and campletely filling to page 3. The proof of the detached for use os the buriol-transit permit. Then please remave carbon papers. Pages the registrat prior to buriol, cremation, or remayal, and in any event within 72 hours after death.

# CERTIFICATE OF DEATH

								Reg. Dist. I	No.	
D. PLACE OF DEATH	Dorcheste	er	MARYLAND	II o STA		Dilline Land	lived. If institution b. COUNTY	Dorc h	Day I C	
b. CITY OR TOWN RURAL and give r	(If outside corporate limits, nearest town)	, write c	LENGTH OF STAY IN 18	c. CIT	Y OR TOWN (IF		ote limits, write R			
	TAL (If not in hospitol, giv			d. STI	REET ADDRESS	es Ave	е.		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Irene		Middle Johnson	Bra	nnock	4. DATE OF DEATH	Mon Tull		Day	Year 19 57
. SEX	6. COLOR OR RACE	7. MARRIEL	NEVER MARRIED				9. AGE (In years	IF UNDER 1 YE	EAR IF UND	
Female	Negro	WIDOWED	DIVORCED	Oct.	24, 1	906	lost birthday) 50 yrs.	Months Day	ys Hours	Min.
during most of wo	ON (Give kind of work dorking life, even if retired)	one 10b. KII	ND OF BUSINESS OR IN	DUSTRY 11. B	RTHPLACE (Stote	or foreign co	untry)	12. CITIZEN	OF WHA	TCOUNTRY
Lab	orer	Fo	od Packing	g D	orches	ter Co	o., Md.	US	A.	
3. FATHER'S NAME	11.32			14. MO1	HER'S MAIDEN	NAME		BAG!		
W	illiam W.	Me	ekins		He:	nriet	ta Pri	tchett	5	TUTL.
5. WAS DECEASED EV	ER IN U. S. ARMED FORCE		CIAL SECURITY NO. 17	. INFORMAN			Addr	ess	1 4 4 5	
No		21	8-20-6952	Grac	e Dunn	ock, !	Taylors	Islan	nd, M	d.
18. CAUSE OF DE	ATH [Enter only one cous	se per line	for (o), (b), and (c).	11	,				NTERVAL B	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	C	rebial to	/aeu	conha	6			ONSET AND	DEATH
1331x	DUE TO	III-TO		7 20 44	-			X	/	
Conditions, if	any, which ) (b)_									
gove rise to	immediate (	540		1000						
lying couse lost.	me onder-							14423		
PART II. OT	HER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELAT	ED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(c	PERF	AUTOPSY ORMED?
	AS UNDERLYING 2 G CAUSE OF DEATH MEDICAL EXAMINER)	ROB. DESCRI	BE HOW INJURY OCCUR	RED. (Enter no	ture of injury in	Port I or Port	II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Year	20d. INJU While of work [	_ Not while _	PLACE OF IN: foctory, street	URY (Home, form, office bldg., etc	n, 20f. (City	or town)	(Coun	nty)	(Stote)
21. I certify t	hat hattended the o	deceased	fram Sule 1	. 19	/), to	Jule .	) , 195	That I last	saw the	decens
alive an	Le 2	. 19 5	, and that dec		-			, ,		
11	120	/		0000110	w		eet, city or town,			ATE SIGNI
ACTUAL	U Mon	· Por	-62	M.D.		July	-6.5	7		
PHYSICIAN'S NAME (Type)	U. Thom	oson			and	ud	a 21	10		
O. BURIAL, CREMATIO	ON, 22b. DATE THEREOF		22c. NAME OF CEMETERY	OR CREMATO	ORY	22d. LOCATI	ION (City, town, o	or county)	(Sto	te)
Burial (Specify	7/6/195	7	Meekins N	Teck		Meel	kins Ne	ck.Dor	.Co.	. Md
3. FUNERAL DIRECTO	S SIGNATURE		ADDRESS		24a. REC'	D BY REGISTE		TRAR'S SIGNA		-
numer	1/ Cut Cla	ch f	Cambrid	bw. eg	DATE	7/6/5	7 76	lec 5	made	00 7

1961 8 TAP

J.J.Framptom and Son, Federalsburg, Maryland

07400

Reg. Dist. No.

25

(County)

24b. REGISTRAR'S SIGNATURE

24a. REC'D 8Y REGISTRAR

DATE

Days

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Instant

PERFORMED? NO []

DATE SIGNED

(Stote)

U.S.A.

. IS RESIDENCE ON A FARM?

YES THE NOT

Year

1957

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23. FUNERAL DIRECTOR'S SIGNATURE

DECENTED

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DICAL EXAMINER'S CERTIFICATE OF DEATH

COR. Project Densen - Christer Springer

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HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF BEATH

BUREAU V. S.

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CERTIFICATION

MEDICAL

After this certificate has been signed

be detached for use as the burial-transit is ar to burial, cremation, or removal, and

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.: Page

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

117/119

	07417	CERTIFI	CATE OF DEATH  Reg. Dist. No.	D
)	1. PLACE OF DEATH O. COUNTY Dorchester	MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE Maryland b. COUNTY Dorchester	
	b. CITY OR TOWN (If outside corporale limits, v RURAL ord give negres) town Rural	vrite c. LENGTH OF STAY IN 30 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hurlock - Rural	
0	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Near Elwood		d. STREET ADDRESS / Near Blwood e. IS RESIDEN ON A FAR. YES NO	M?
	3. NAME OF First DECEASED (Type or print) Henri	etta.	Gleaves OF July 3 195	7
		MARRIED THE NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 lost birthdoy)  Months Dave House	
1	10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) Housework	106. KIND OF BUSINESS OR II Home	NDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Warrington, North Carolina U.S.A.	
,	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Mather Terry		Adaline Somervel	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no. or unknown) 1 (If yes, give wor or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT Address	
	No	None	Mrs. Betty Carrington, Hurlock, Md., R.F.D.	
	18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate	Cerepil	Thompisis Interval Between ONSET AND DEA	TH
	couse (a), stating the under-	(se ucalize	and filew solows Inches	

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY 20d. INJURY OCCURRED G. ft. Not while at work p. m.

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County) (Stote)

(State)

21. I certify that I attended the deceased fro 19\_3\_2, that I lost saw the deceased ond that death occurred at PM, from the couses and on the date stated above. DATE SIGNED

ACTUAL

Preston, Maryland

PHYSICIAN'S NAME (Type) Harold B. Plummer, M.D. 22b. DATE THEREOF 20c NAME OF CEMETERY OR CREMATORY
Johns Cemetery 22a. SURIAL, CREMATION, REMOVAL (Specify) July 5,1957

22d. LOCATION (City, tawn, or county) Near Preston, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS .J.Framptom and Son, Federalsburg, Maryland 24a. REC'D BY REGISTRAR . 24b. REGISTRAR'S SIGNATURE DATE



O HOSPITAL OR TO FUNER VS A15 (4) 15M 9/55

DIRECTOR:

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		entro esperante		
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000 0000000				Line Decided
MINITIAL			E, 1159	
	mar .	S. M. Astrogeranso	1,4	

urs affer death. rage 4		by the funeral director,	d 2 should be filed with	(
HOSPITAL OR ATTENDING PHISICIAN: The law requires that death certificate be executed within 24 haurs	nay be retained by the haspital ar attending physician.	FUNE L DIRECTOR: After this certificate has been signed by the attending physician and campletely filler by	age 3 wild be detached far use as the burial-transit permit. Then please remove carbon papers. Pages, Ad 2	the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death
· ·	5 A	415	(4	)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

		13	CERTI	IICAI	L OI DEAII	•		Reg. Dist. No	0.	-
1. PLACE OF DEA o. COUNTY	Dorchester		MARY	11	o. STATE		l lived. If institution b. COUNTY	Dorche	ore admission ster	1)
RURAL ond g	WN (If outside corporate lim give neorest town) Sourg R.F.D		c. LENGTH OF STAY		6. CITY OR TOWN (IF o		rote limits, write RI	URAL and give n	earest town)	
d. NAME OF H	OSPITAL (If not in hospital, or Nursing H	rive street			d. STREET ADDRESS				ON A F	ARM?
3. NAME OF DECEASED (Type or print)	Ellis Robi	nson	Middle Porter (	Grime	Lost	4. DATE OF DEATH	July 2		7 19	
5. SEX Male	6. COLOR OR RACE	7. MARE	ED DIVORCE		PATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Days	R IF UNDER	24 HRS. Min.
100. USUAL OCCU during most o retire	PATION (Give kind of work tworking life, even if retired I ATMET	done 10b.	retired	R INDUSTRY	11. BIRTHPLACE (Stole Newburg			12. CITIZEN	OF WHAT C	OUNTRY
13. FATHER'S NAM				1	4. MOTHER'S MAIDEN N					
	lis R. Grim				Harriet	t Wol				
15. WAS DECEASE (Yes, no, or unknown)	D EVER IN U. S. ARMED FOR		no		E.R.P.	Grime	s Hurl		d.	
gove rise couse (o), ste lying couse	if ony, which to immediate oring the under-	, oth	erosclesol Livary	lé - glan	heart and in the contract of the terminal to the contract of the terminal to t	lisea Lion Nal Disease	SL OCU CONDITION GIV	EN IN PART 1(o)	10 years au Perform	and and
PART 11  OILY  20g. ACCIDEN  OR CONTRIBL  (IF EITHER, NO	IT WAS UNDERLYING	20b. DES	CRIBE HOW INJURY O	CCURRED. (I	Enter noture of injury in 1	Port Lar Part	11 of item 18.1		YES	
	ITING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)			· ·						
Hour o	NJURY Month, Doy, Yes, m. 19	While of wor		foctor	OF INJURY (Home, farm , street, office bldg., etc.	)   20f. (City	or town)	(County	)	(State)
21. I certif alive on ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Type)	ty that I attended the	deceas E, 195 King		death ac			3 -, 1957 In the causes a reet, city or town,		ate stated	
220. BURIAL, CREA REMOVAL (SE DUTIE).			22c. NAME OF CEMI				rlock.	or county)	(Stole)	
23. FUNERAL DIRE	CTORY SIGNATURE	4	ADDRESS			D BY REGIST		TRAR'S SIGNATI	JRE	
Mary	w Williams	ME	ederalsbu	irg,	Md DATE AU	G 6 5	7 (11)	educh		

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VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07406

	07490		CERTI	IFIC.	ATE OF	DEATH	1		Reg. D	ist. No.		2-
1. PLACE OF DEATH o. COUNTY	rchester Co		MARI	YLAND	2. USUAL RES o. STATE	IDENCE (WI	nere deceased	l lived. If instituti b. COUNTY	_		tere	0
	(If outside carporale lin		c. LENGTH OF STAY	IN 16	c. CITY OR		utside carpor	ote limits, write R				
	Creek Md.		Life		X2Chure	ch Cre	ek Md.					
	ITAL (If not in haspital.	give street			d. STREET		011 110					SIDENCE
OR INSTITUTION	Church Cre	ek Md	l.		(	Church	Creek	Md.				NO X
3. NAME OF	F	rst	Middle		lo	st	4. DATE	Mor	th	Do	у	Yeor
(Type or print)	Levin		Lee		Jones	5	OF DEATH	July		1	3	19 57
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED X	B. DATE OF BIRT	TH .		9. AGE (In years		R 1 YEAR	60	ER 24 HRS.
Male	White	WIDOW			Sept. 10	5. 187	),	lost birthdoy) 82 yrs.	Months	Days	Haurs	Min.
IOa. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDU					12. C	ITIZEN C	OF WHAT	COUNTRY
Retired	orking life, even if refire	4)	Retired				eek Mo			USA		
13. FATHER'S NAME			Reulieu		14. MOTHER'S			10		USA		
Talan	T. T.											
	W. Jones /ER IN U. S. ARMED FO	PCECO 14	SOCIAL SECURITY NO	117	INFORMANT	5	aran 1	Linthicur				
(Yes, no. or unknown)	(If yes, give war or dates of		SOCIAL SECORITY INC								201	
No.					red Ricl	narasc	n	Churc	ch Cr			
	EATH [Enter anly one of	ouse per li	ne for (o), (b), and (c).	.]	7	110		١.		INT	ERVAL BE	TWEEN
PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (	0)(0	arterio	rock	Perolic	64.	Dis	ease		2	- 32	
177X	DUE TO								,		0	
Canditians, if	any, which )	b)	arteri	00	clus	is,	gene	ralyed		u	usl	N
gave rise to	immediate (								,			
lying cause lost	g the under-	c)	Carc	nio	me "	1 10	worker	te sla	nd			
4200	THER SIGNIFICANT CO								EN IN PA	RT 1(o) 1	PERFC	AUTOPSY DRMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enler nature o	of injury in I	Part I ar Part	II of item 18.)				
ZOc. TIME OF INJU Hour G. J. P. m.	10	While of war	NJURY OCCURRED  Not while at work	20e. Pi	ACE OF INJURY clary, street, affic	(Home, form e bldg., etc.	20f. (City	or town)		(County)		(Stote)
21. I certify t	that I attended the	deceas	ed from Law	22	1950	. ta h	eles 13	3 . 1857	that (	lost so	aw the	decenser
alive on A	ules 7	195						the causes o				
0				dodii	· occomed at			reet, city ar town,		ne au		ATE SIGNE
ACTUAL SIGNATURE	sefred 1	5.1	nangan	~	M.D	3 6	RA	CE ST				7/13/3
PHYSICIAN'S NAME (Type)	ALFRED	R			NOVME	Cf	MB	RIDGE	= 1	M.	D	
220. BURIAL, CREMATI REMOVAL (Specif	ON, 226. DATE THERE	OF	22c. NAME OF CEM				22d. LOCAT	ION (City, town,	or county)	1000	(Slat	le)
Buriak	July 15,	1957	Old Trin	ity	Church		Churc	h Creek		М	Id.	
23. FUNERAL DIRECTO	R'S SIGNATURE	b. [61]	ADDRESS			240. REC'	D BY REGISTI	RAR 24b. REGI	STRAR'S SI	GNATU	RE	
LeCompte F	uneral Serv	ice	Cambridge	Md.	1964 (1)	DATE 7	1126	57 0	00		300	- 0- 0

# 



STREET,

ROME PRODUCTION

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07408

	07491		CERTIF	ICATE	OF DEAT	H		R	eg. Dist. N	lo.	100
1. PLACE OF DEATH a. COUNTY	V • X 6 1				SUAL RESIDENCE (V	Vhere decease			Residence be	fore odn	nission)
G. COSITI.	Dorchest	er	MARYLA	ND	Mary	land	b. CO	UNIT	Dore	hes	ter
b. CITY OR TOWN (If RURAL and give need	outside corporole limits,	write c.	LENGTH OF STAY IN	11b c.	CITY OR TOWN (IF	outside corp	orote limits, v	vrite RURA	AL and give r	nearest la	own)
The state of	Cambridge	e	Life	X	2 Rura	1 - 0	ambri	dge			
d. NAME OF HOSPITA	L (If not in hospital, give	street add	ress)		. STREET ADDRESS						RESIDENCE
R.F.D	. #2				R.F.	D. #2					□ NO 🗑
3. NAME OF DECEASED	First		Middle		Lost	4. DATE		Month		Day	Year
(Type or print)	Dor	a	Whitting	rton	Lee	DEATH	4 J	uly		4.	19 57
5. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	8. DA	E OF BIRTH		9. AGE (In lost birth	yeors IF	UNDER 1 YE	-	
Female	Negro v	VIDOWED	DIVORCED	□ Ma:	rch 7. 1	871	86	yrs. M	onths Doy:	Hou	rs Min.
10a. USUAL OCCUPATIO	N (Give kind of work do	ne 10b. KIN	D OF BUSINESS OR	INDUSTRY	1. BIRTHPLACE (Stot	e or foreign	country)		12. CITIZEN	OF WH	AT COUNTRY
House	ng life, even if relired) Wife	I	Housewife		Dorches	ter (	10. N	d.	TT	SA	
13. FATHER'S NAME					MOTHER'S MAIDEN					U.A.	
ጥከ	omas Whi	tting	rton		Sus	an A	nne	Eave	S		
15. WAS DECEASED EVER	IN U. S. ARMED FORCE	S? 16. SO		17. INFORM				Address			
NO NO. or unknown)	f yes, give war or dates of servi	(0)	7-10-8630	D I	Rena Ell	iott.	Camb	ride	re. Mo	d	
	TH [Enter only one cous									NTERVAL	BETWEEN
	H WAS CAUSED BY:		Cerebr	and H	emorrhag				0	NSET AL	ND DEATH
331X	IMMEDIATE CAUSE (o)_ DUE TO		Callent	81 11	amort mak	9				Jul	a, y s
					1						
Conditions, if on	mediate										
cotse (o), stating t									F-123		
lying couse last.	) (c)_	TIONIC CON	ITAIDUTUUC TO DOAT	U DUT NOT	2014-00-00-00-00-00-00-00-00-00-00-00-00-00		CC CO. 10 1710			120 144	6 4117 COSSV
PART II. OTH  PART II. OTH  20a. ACCIDENT WA- OR CONTRIBUTING IIF EITHER, NOTIFY II	ER SIGNIFICANT CONDI	HONS CON	II KIBUTING TO DEAT	H ROL MOLI	ECATED TO THE TERM	MINAL DISEA	SE CONDITIO	N GIVEN	IN PARI 1(0)	PER	REORMED?
<u>S</u>										YES	□ NO □
OR CONTRIBUTING	☐ CAUSE OF DEATH	Ob. DESCRI	BE HOW INJURY OCC	URRED. (Ent	er noture of injury in	n Port I or Po	ert II of Hem I	в.)			
20c. TIME OF INJURY	Month, Day, Year	20d. INJU While	RY OCCURRED 20	De. PLACE O foctory, s	F INJURY (Home, fai Ireet, office bldg., e	rm,   20f. (Ci tc.) !	ty or lown)		(Count	y)	(Stote)
Hour a.m.	19		at work	100							
21. I certify the	at I attended the d	leceased	fram. July	1	, 1957 to s	July L	l 1	57.1	hat I last	saw th	ne decease
alive an Ju	1	1953			rred at						
	110	1	,				Street, city or			2010 311	DATE SIGNE
ACTUAL	Keller	ite		M.D.	227 Pir	ne St.	-Camb.	. Md	. 7	-6-	57
SIGNATURE				M.D.							
PHYSICIAN'S NAME (Type)	Edwin Fa	sset	t.M.D.								
220. BURIAL CREMATION			2c. NAME OF CEMETE	FRY OR CRE	MATORY	22d, LOC/	ATION (City,	own or c	ouely)	15	(ote)
REMOVAL (Specify)			Cordtown								
Birial 23. FUNERAL DIRECTORS	7/7/195	1					dtowr			, Mc	4.0
The second			ADDRESS		240 050	C'D BY REGIS	TRAR 246	REGISTR	AR'S SIGNAT	LIRE	

Lub, or fixed by , rectiled hims a contact of BUREAU V. S. 1961 -91 701 . The state of the s

VS. A15ME(5) 5M 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07409

TO I S I			Keg. Dist. 140.
1. PLACE OF DEATH O. COUNTY Dorchester MARYIAND	a cyaye	F COUNT	ution: Residence before admission)
MARILAND	Maryland	B. COON	Dorchester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		Part of the Part o	RURAL and give nearest town)
Fishing Creek Md. 3 yrs.	Fishing Cree	k Md. x 2	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Fishing Creek Md.	d. STREET ADDRESS	/	o. IS RESIDENCE ON A FARM? YES NO [X]
3. NAME OF First Middle	Lost 4. B	ATE Mont	th Day Year
(Type or print) Hugh W. Lo	vette	EATH July	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER TYEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	pril 2. 1894	63 yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST		reign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Govern Supervisor Social Security	RA St Touis	Mo	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		0.00
Edward Lovette	Manai	as Mh anns	
	NFORMANT	an Thorpe	
(Yes, no, or unknown) (If yes, give wor or dates of service)			
	s. Ethel Lovet	te Fishing	Creek Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:			ONSET AND DEATH
IMMEDIATE CAUSE (0) Coronary occlus	sion		Instant
4 2 0 / DUE TO			
Canditians, if any, which (b)			
(a), stating the underlying DUE TO			Mark Baselle
cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINALI	DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAI			YES NO P
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CON	inter nature of injury in Port I ar	Port II of item 18.)	
		of. (City or tawn)	(Caunty) (State)
Hour o. m.  p. m.  19 While Not while foct of work at work	ary, street, affice bldg., etc.)		
21. I certify that I took charge of the remains described abo	ve, held on Autopsy [	1. Inspection [X]	. Inquiry 🕅 and find the
21. I certify that I took charge of the remains described about death resulted from: Natural causes (T). Accident . Sui			, Inquiry X, and find the
21. I certify that I took charge of the remains described about death resulted from: Notural couses Accident . Sui			
death resulted from: Notural couses ( Accident , Sui	cide [], Homicide []	, Undetermined	
death resulted from: Notural couses (C) Accident . Sui	cide , Homicide	, Undetermined	couse .
death resulted from: Notural couses ( Accident , Sui	cide [], Homicide []	, Undetermined	couse .
death resulted from: Notural couses Accident , Sui  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  John Mcae Jr  220. BURIAL, CREMATION,   22b. DATE THEREOF   22c. NAME OF CEMETERY OR	M.D. CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAM	, Undetermined	DATE SIGNED 7/18/57
death resulted from: Notural couses  Accident , Sui  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  John Mcae Jr  REMOVAL (Specify)  220. BURIAL, CREMATION, 22b. DATE THEREOF  REMOVAL (Specify)  22c. NAME OF CEMETERY OR	_M.D. CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAM CREMATORY 22d.	, Undetermined  NER   AMINER   INER   LOCATION (City, Iown,	DATE SIGNED  7/18/57 or county) (Stote)
death resulted from: Notural couses Accident , Sui  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  John Mcae Jr  REMOVAL (Specify)  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  22c. NAME OF CEMETERY OR	_M.D. CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAM CREMATORY 22d.	OLOCATION (City, lown,	DATE SIGNED 7/18/57
death resulted from: Notural couses Accident , Suitant Accident , Suit	_M.D. CHIEF MEDICAL EXAMINASSISTANT MEDICAL EXAM  DEPUTY MEDICAL EXAM  CREMATORY 22d.  ETY BE	OLOCATION (City, lown,	DATE SIGNED  7/18/57 or county)  Md.

BECEINED

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BUREAU V. S.

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08476

		0742	3	CERTII	FICA	TE OF D	EATH				Reg. Dis		0743
1.	PLACE OF DEATH	Dorch e	ster	MARY	LAND	2. USUAL RESID o. STATE	ence (who			institution OUNTY		e before od	
	b. CITY OR TOWN (I	f outside corporate limi		c. LENGTH OF STAY	IN 16	c. CITY OR T			prote limits,	write RUI	RAL ond g	ive nearest	town)
L	Camb	oridge	Es.	Life		13 : 0	Cambr	ridge					
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET A	DDRESS						RESIDENCE N A FARM?
	Cambridg	ge Memoria	al H	ospital		I	Junns	Lan	e			YE	NO X
3.	NAME OF DECEASED (Type or print)	Fir Baby	st .	Middle Boy	1	lost Manokey		4. DATE OF DEATH		Month		Doy 28	Year 19 57
5.	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	D 💢 8	DATE OF BIRTH			9. AGE (I	n years			NDER 24 HRS.
	Male	Negro	WIDOWI	ED DIVORCED		July 2	28, 1	957	TOST OIL	yrs.	Months	Days Fe	W Min.
10	during most of work	ON (Give kind of work a	done 10b.	KIND OF BUSINESS OF	R INDUST	RY 11. BIRTHPLA	ACE (State of	or foreign o	ountry)		12. CITI	ZEN OF W	HAT COUNTRY
	None			None			oridg		aryl	and		USA	
13	. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
			anok				Va	leri	e R	oss			
	(es, no. or unknown) 1	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.	. 17. IN	FORMANT				Addres	15		
	No			None	M:	rs. Mal	ole R	loss,	Cam	brid	ge,	Md.	
7	PART I. DEA 7 (1, 0) Conditions, if a gove rise to it code (o), stoling lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which mmediate the under- (c)	Je, De	tour	ul	ternie befor	Hen ve	ov del	The we	Lh.	1	7	ND DEATH
FICATION				CONTRIBUTING TO DEA		U					V IN PART	PE	REPORMED?
L CERTII		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OF						18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While of wor	Not while/	20e. PLA	CE OF INJURY (Fory, street, office	lame, farm, bldg., etc.)	20f. (City	or town)	100	(C	ounty)	(State)
	21. I certify th	at I offended the	deceas	ed from 1/2	X	, 195/	, to 6	120	8	195/	thot I le	ast sow t	he decease
	olive on	128 EZO	187	7., ond that	deoth	occurred ot		_M, from				e date s	DATE SIGNE
	PHYSICIAN'S NAME (Type)	Wittet	+A	NKS		C,	4141	BR	126	E	M	de	, ,
27	REMOVAL (Specify) Burial		)57	22c. NAME OF CEME	eld	CREMATORY		DOTA	tion (city		county)	Md -	Stote)
23	FUNERAL DIRECTOR			ADDRESS			24a. REC'D			b. REGIST	RAR'S SIG	NATURE	

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

BUREAU V. S.

AUG 12 1957

DECENTED

Markey M. Jan Com ...

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T			
	La registration of the second			
		Afternous and Astronous St.		
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EB K		on set ittinggere storil		
	1	The street of the		
BUREAU V. &	er ell mod (Mill Mill S). No basses www.essession			office I
2501 67 7	Table (feether . b.). 14			
DECENAEU				
				Criss White It

er agrivita

17425 CERTIFICATE OF DEATH

Reg. Dist. No.

07411

1. PLACE OF DEATH o. COUNTY		MARYLAND	2. USUAL RESIDENCE (V	Where deceased	lived. If institution b. COUNTY	on: Residence before Wicomic	
	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outside corpor	ate limits, write R		
rural Camb		3 mo.	Fruitland		225	(2)	
	AL (If not in hospital, give stree re State Hospit		d. STREET ADDRESS South Di		St Ext		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First HARRY	Middle CLAY	Lost Maria	4. DATE OF DEATH	July		ay Year
5. SEX male	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	McDANTEL  B. DATE OF BIRTH  10/15/87		9. AGE (In years lost birthday)	IF UNDER 1 YEAR Months Days	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION during most of world farmer	ON (Give kind of work done loking life, even if retired)	E. KIND OF BUSINESS OR INDU		erset Co	untry)	U.S.	OF WHAT COUNT
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Peter McDa	niel		Hester McG	rath			
	R IN U. S. ARMED FORCES?   16 yes, give war or dates of service}	s. SOCIAL SECURITY NO. 17. Ea	stern Shore	nnie Mc State H	Daniel Wospital	Tfe)S.Di records -	v.St.Ext. Sel.Md.
Conditions, if o gave rise to i couse (o), stating lying cause lost.  PART II. OTH	the under- CO (c)	CONTRIBUTING TO DEATH BUT		MINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	PERFORMED?
		ebral arteriose: SCRIBE HOW INJURY OCCURRE		n Part t or Part	II of item 18.)		YES NO 🔀
20c. TIME OF INJUR Hour a. 11. p. m.	Whil		ACE OF INJURY (Home, for ictory, street, office bldg., e	erm, 20f. (City	or town)	(County)	(Stote
actual SIGNATURE	at I attended the deced 1277, 197 10 mas J. Dredge	5.7., and that death Director	12, 1957, to J n occurred at 1115 M.D. E.S. St stern Shore S	ADDRESS (SI	the causes a seet, city or town.	nd on the do	PATE SIGN
	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C			ON (City, town, o		(Stote)
Burial	July 21,1957	St. Johns Ce	meterv	Frui	tland, Ma	healvre	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, moy be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 deed detached far use as the buriol-transit permit. Then please remove carbon pagers. Pages the registral prior to buriol, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

Changell whentle arts Burney and all their admit when the rest had 1027 JUL 32 1957 .D. TERRITOR - AUTO DE TANTO A PLANTA

to notalvic drive taskymol mand

THEREO TORSON

or the second se

TARLE SO TRIBITION STATE OFFICE TOWN

DEPUTY ō 0 VS. A15ME(5) 5M 9/55

July 22.1957 Cambridge Cemetery ADDRESS NERAL DIRECTOR'S SIGNATURE

24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

07412

e. IS RESIDENCE ON A FARM?

YES NO A

Year

19

Hours

U.S.

INTERVAL BETWEEN ONSET AND DEATH

INSTANT

PERFORMED? NO X

(Stale)

ond find that

DATE SIGNED

(State)

(County)

IF UNDER 24 HRS.

BUREAU K. E.

The street of the state of the same

105 30 1957

BECENED

Jammeng.

LESKINGS OF CAMPBELL SECTIONS WITH SPIRIT FOR THE SELECTION

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

220 NAME OF CEMETERY ORICREMATORY

Cambridge. Md.

ADDRESS

Reg. Dist. No b. COUNTY Dorchester e. IS RESIDENCE ON A FARM? YES NO TE Year July 1.1957 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY? U.S. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES | NO (County) (Stote) that I last saw the deceased DATE SIGNED 228. LOCATION (City, town, or county) (Stote) cambridge . Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

may be 0 VS A15 (4) NAME (Type)

220. BURIAL, CREMATION,

Buris (Specify)

23. FUNERAL DIRECTOR'S STRATURE

81 (2	PLAND STATE DEPARTMENT OF HEALTH-BALTIMOR	
	MTARE OF BEATH	
Turn and Today		
	Afternoon and the control of the con	
ALC COM	Droot Law brook bust worth-	
		do mad E
	Sell, Sell Durch Selection	Magazino II
		AND THE PARTY OF T
BUREAU V. S.	es ell most de 1900 per most dippropries. La propries de 1900 per per la company de 1900 pe	Augustic I half validates T. T.  Augustic  Aug

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the registrat prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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6)	101	1.	4	4	
н	1	4	- 5	4	
1,1		X	1	30	

		. 1 ) (	CERTIFIC	AI	E OF DEAT	П		Reg. D	ist. No		
1. PLACE OF DEATH				2.	USUAL RESIDENCE (\	Where decease			nce befo	re admise	ion)
	orchester C	0.	MARYLAND		Md.		b. COUNTY		ches	ster	Co
b. CITY OR TOWN	(If autside carporate lim		c. LENGTH OF STAY IN 16		c. CITY OR TOWN (I	f outside carp	orote limits, write R				
RURAL and give Cambridg			2 Davs	1	2 Check	neron N	12				
d. NAME OF HOSE	TITAL (If not in hospital,	give street	L 2/Ch.) N		d. STREET ADDRESS	rerou l	10.			e. IS RES	IDENCE
	e Md. Hospi			11	Canabana	16.4				ON A	FARM?
3. NAME OF		nt	Middle	-11-	Crochero						
(Type or print)		131		3.6	Lost	4. DATE	Mon	ith	Da	7	Year
5. SEX	George	7	W.	1	rphy	DEATH	ouly	licunios	24		19 57
		1	RIED MEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years lost birthdoy)	Months	Days	Hours	Min,
Male	White	WIDOW		Ma			57 yrs.				
during most of wo	ION (Give kind at work orking life, even if retired	done 10b.	KIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (Sto	te or foreign	country)	12. CI	TIZEN O	F WHAT	COUNTRY
Waterman			Seafood		Crocher	on Md.			USA		
13. FATHER'S NAME				1.	. MOTHER'S MAIDEN	NAME		1	III-		1111
Geor	ge D. Murph	LV .			An	nanda I	'odd				
15. WAS DECEASED EN	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFO	RMANT		Add	ress			
No	(If yes, give war or dates of		L8-01-7103 N	irs.	Emily Mur	phy	Crocher	hM a			
	ATH [Enter only one co			11	O L	Dily	Of Ocher	JII MU		ERVAL BE	TWEEN
	ATH WAS CAUSED BY		Cons	lac	V No.	an and	1.0.0		ONS	ET AND	DEATH
331X	IMMEDIATE CAUSE (		·	1	1 / m	oyr w	ugg			301	ays
	DUE TO	)	21.1 -	10	- ,				1	7 .	
Canditions, if		)(	Herer	Un	nown				cyso		
cause (a), stating the under. DUE TO											
lying cause lost. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY											
PART II. O  444  20g. ACCIDENT W  OR CONTRIBUTION  (IF EITHER, NOTIF	THER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH B	UT NO	RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS	RMED?
5 444X					- 1 4 5 5						NO 🗌
OR CONTRIBUTION	AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	nter nature of injury i	n Port I ar Pa	rt II of item 1B.)				
	Y MEDICAL EXAMINER)	12.									
	IRY Manth, Day, Ye		NJURY OCCURRED 20e.	PLACE	OF INJURY (Home, for	rm, 20f. (Cit	y or town)	(	County)		(State)
Hour a. ji.	10	While at war		roctory,	street, affice bldg., e	itc.)					
10.000			7/-1	100	2 10 25.	7/2	(1)				
	hat I attended the	deceas		f-J	-, 19 1 to	19/10	/	,that I			
alive an	7777	, 12_	, and that dea	th ac	curred at	M, fro	m the causes o	ind an t	he dat	te state	d obav
ACTUAL	6	111	6			ADDRESS (S	itreet, city or town,	stote)		DA	ATE SIGNE
ACTUAL	·aurens	10	anjano	_M.D.		/ > 6	Nace	JT	,		24/5
PHYSICIAN'S NAME (Type)	Lawren	nce	Marya	no	/ (	2 m	brids	e, M	14		,,,
220. BURIAL, CREMATI	ON, 226. DATE THEREC	OF	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCA	TION (City, town,	or county)		(Stote	e)
REMOVAL (Specify	July 26.	1957	Dorchester	Mom	Pank		ridge Md.				
23. FUNERAL DIRECTO			ADDRESS	yie.(i)		C'D BY REGIS	107	TRAR'S SIG	GNATUI	RE	0.
LeCompte F	uneral Serv	ice	Cambridge Md.		DATE	71001	57 On 4	N/	na	cu	ar.
Trooping I.	micrar Del.A	TOE	Campi Tage Ma.		DATE	7-1-1-	1	-			-



70 JULY 30 105

BUREAU V. S.

CERTIFICATE OF DEATH

delay within ? shauld MEDICAL EXAMINER: DEPUTY

BUREAU V. S. 1961 LT 700°

MEARS FOR BEAD FINARED STREET, MASSELLADIG

VS. A15ME(5) 5M 9/55 M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	18	07416
0740 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist.	

	1. PLACE OF DEATH o. COUNTY	rchester	MARYL	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Dorchester							
	and give nearest town	outside corporate limits, write RUI		4011	c. CITY OR TO	WN (If outside o	orporote limits, write		ve neorest town)		
		ambridge, Md. 6 Weeks					Marylan	d			
		Convelesen	t in hospital, give street address) t Home		d. STREET ADD	ress igh St:	reet		ON A FARM? YES NO		
	3. NAME OF DECEASED	First	Middle		Lost	4. DATE		4.			
	(Type or print) B	irdsel	D.		Orem	OF	***************************************		22 <b>19</b> 57		
	5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years	IF UNDER TY	EAR IF UNDER 24 HRS.		
	female	AATET OO	DOWED DIVORCED		eb, 17,	1878	fost birthday) 79 yrs.	Months Day	ys Haurs Min.		
4	10a. USUAL OCCUPATIO	N (Give kind of work done	106. KIND OF BUSINESS OR IN	NDUSTR	Y 11. BIRTHPLACE	(State or fareign	country)	12. CITIZEI	OF WHAT COUNTRY?		
11	None	y me, even in temes,	None		Camb	ridge	Md.	US	1		
П	13. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME					
	William	F. Drain		41	Loui	se C.	Drain				
	15. WAS DECEASED EVE	R IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. IN	FORMANT		Address				
	No	In har dise wer or doles or service	None		Earl W.	Orem	Cam	bridge	Md.		
,	Conditions, if an gave rise to immedia (o), staling the u couse last.  PART II. OTHI  Multi  20a. EXTERNAL CAUSE PRIMARY   or CON CAUSE OF DEATH.	H WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  (c)  ER SIGNIFICANT CONDITION  Ple contus  SEE WAS  TIRIBUTING TO  THE CONTUST  THE	Coronar  Cor	BUT NO COP & CED. (En. TS	ot related to the ations.  In tions.  In home  E OF INJURY (Hom	in Part I or Port	II of item 18.)		YES NO		
	death resulted		the remains described ses X, Accident I,	Hom	e, held an Au ide [], Ham	rtapsy ,	Undetermined o	Inquiry	Md, and find that		
	SIGNATURE  EXAMINER'S NAME (Type)  22a. BURIAL, CREMATION REMOVAL (Specify) RIPPIAL	r. John Ma	6		ASSISTANT DEPUTY ME	DICAL EXAMINER	NER .	7/24/ or county)	(State)		
	23. FUNERAL DIRECTOR'S LeCompte	SIGNATURE 7	erviĉe Cambr		24c	TE 7/24/		STRAR'S SIGNA			

BUREAU Y. E.

1961 OS 701

BECENED

07417.

CERTIFICATE OF DEATH 07400

	<u> </u>							Keg. Dist.	NO.	
1. PLACE OF DEATH	and the second second		MARYLAN	- 11	USUAL RESIDENCE (W	here decease	d lived. If instituti			
<u> </u>	Dorchester (				Md.				ester	7 -
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) lown)				ь	c. CITY OR TOWN (If	outside carpo	prote limits, write R	URAL ond give	nearest tow	n)
Ca mbrid			1 Week	X.	2 Cambridge	RFD :	#1			
OR INSTITUTIO			address)		d. STREET ADDRESS		/-		e. IS RES	FARM?
Cambridg	e Md. Hospit	tal			Cambride	e RFD	#1			NO I
3. NAME OF DECEASED (Type or print)	Fir Jennie		Middle Creighton	n	Lost Reed	4. DATE OF DEATH	July	29		Year 19 57
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	7 B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y		
Female	White	WIDOWE	The state of the s		t. 4. 1875		lost birthdoy) 87 yrs.	Months Do	ys Hours	Min.
		1	KIND OF BUSINESS OR IN		11. BIRTHPLACE (Stote	as faucies e	0-	12 CITIZE	N OF WHAT	COUNTR
during most of w	forking life, even if refired	)	None	DOSIKI	Fishing C			ita. Citize	USA	COUNTR
13. FATHER'S NAME			NONO	11	. MOTHER'S MAIDEN I		IU.		UDA	
7.72774	m II.	andra de an								
	M Henry Crei			7. INFO	Phoebe	Lewis				
(Yes, no. or unknown)	(If yes, give wor or dates of se		SOCIAL SECURITY NO. 11	/, INPO	KMANI		Add	ress		
No			None	Mrs	. Sidney Sp	edden	Cambr	idge R	FD #1	
Conditions, if gove rise to couse (a), statin lying couse los	immediate DUE TO	,0	exerce D	ye	troent	erit			7 de	rys.
PART II. C	Juleste	دسو	ONTRIBUTING TO DEATH	-	Mes	1		EN IN PART 1	PERFC	AUTOPSY PRMED?
	WAS UNDERLYING THE NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	RRED. (E	nter noture of injury h	Port 1 or Por	t II of item 1B.)			
20c. TIME OF INJ	10	20d. It While of worl	_ Not while_	PLACE	OF INJURY (Home, farm, street, affice bldg., etc	20f. (City	or town)	(Cou	nty)	(State)
21. I certify	21. I certify that Lattended the deceased from 1/22, 1957, to 2/29, 1957 that I last saw the deceased									
olive on	1/129	10	7, and that de	oth oc	curred at 5:53	A.	£			
	711-	-	ond mor de	om oc		ADDRESS (S	n the couses o	state)	dote stote	ed abov
ACTUAL	16-105	2	0111		- 101	/	nosi, city or lowin,		47	> /
SIGNATURE	SIGNATURE M.D. 104 LOCEST 130/J									
PHYSICIAN'S NAME (Type)	W. HH	4~	KS		CAL	1BR	1060	- m	0	
220. BURIAL, CREMAT	fy)		22c. NAME OF CEMETER				TION (City, town,	or county)	(Stot	e)
23. FUNERAL DIRECTO	DES SIGNATURE	1957	ADDRESS ADDRESS	Mem		Cambi		Md.		
19. FUNCKAL DIKECIL	JE 2 SIGNATURE		WONKE22		24a, REC'	D BY REGIST	RAR 24b. REGI	STRAR'S SIGNA	ATURE	
	uner al Srev		Cambridge.	Md.		- 1-	/	0	- F. Ser. 19.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 moy be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with, the registrat prior to burial, cremation, or remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

BUREAU V.

496T 4 90V

BECENATO

1SM 9/SS

BUREAU V. E.

101 16 1957



VS. A15ME(5) 5M 9/55 M

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. 12. USUAL RESIDENCE (Where deceased lived. If Institution; Ref.

07419

(7/199							Reg. Dist. No.							
1.	PLACE OF DEATH a. COUNTY DOX	chester (	Co.		M	ARYLAND	2. USUAL R	ESIDENCE (M		ed lived. If Institute b. COUN	TY	lence bel		
	b. CITY OR TOWN (	If outside corporate limit	, write RURA	L C.	LENGTH OF ST	AY IN 1b	c. CITY C	R TOWN (IF	autside corp	porate limits, writ	RURAL on	d give n	eorest to	wn)
	Robbins M				Life		X Rol	bins	Md.					
	Robbins		ON (If nat	in hospita	l, give street add	dress)	/	Robbin	- W4		Thu.		ON	ESIDENCE A FARM?
3.	NAME OF	INC.	First		Middle			at CODD I II	4. DATE	Man	th	Day		ear Cu
	DECEASED (Type ar print)	James.		omo	К.		Shorte		OF DEATH					9 57
5.	SEX	6. COLOR OR R				PIED FOI B	DATE OF BIR			9. AGE (In years	IF UNDE	21,		ER 24 HRS.
	Male	White	177.4	OWED [		_	ar. 29			fast birthday) 67 yrs.	Months	Days	Hours	Min.
10	. USUAL OCCUPATI during most of worki	ON (Give kind of w	rock dane	10b. KIND	OF BUSINESS	OR INDUST	RY 11. BIRTHI	LACE (State	ar fareign c	ountry)	12. CI	IZEN O	F WHAT	COUNTRY
	Trapping		,	Fu	r		Robl	oins M	d.			USA		
13	FATHER'S NAME						14. MOTHER	S MAIDEN N	AME					
	Jerome	K. Short	ter				Ma	arv C.	Mills					
	WAS DECEASED EN	ER IN U. S. ARMED	FORCES?	16. SOC	IAL SECURITY N	IO. 17. IP	FORMANT	<u> </u>	A Apla são são la	Addres				
	i, no, or unknown)	(If yes, give war or da	tes of service)			Mr	s. Fan	ra si	2011111	Robbij	oc Md			
	7	TH [Enter anly one	cause per	r line for (	a), (b), and (c).		O a I Cui	110 01	actun	110001	10 1111	INTER	VAL BETW	EEN
	PART I. DEA	TH WAS CAUSED		0.00	ronary (	200700						1	T AND DE	
	420,1	IMMEDIATE CAUS						3				-	10 mins.	
	,	DUE	TO		ronary s				4, 50			100		
	Canditians, if a	diate cause	(b)	Ar	terioscl	leros	s, gen	eraliz	red		-	u	nkno	wn
	(a), stating the underlying DUE TO cause last. (c)													
CERTIFICATION	PART II. OT	HER SIGNIFICANT	CONDITION	NS CONTE	RIBUTING TO DE	ATH BUT N	OT RELATED T	O THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA		9. WAS PERFO	AUTOPSY ORMED? NO 🔀
CERTIFI	20a. EXTERNAL CA PRIMARY ar CO CAUSE OF DEATH.	NTRIBUTING []	20b. DES	SCRIBE HO	W INJURY OCC	CURRED. (E	nter nature of	injury in Part	1 ar Part II	af item 18.)				
MEDICAL	20c. TIME OF INJU Haur a. m. p. m.	RY Month, Day		While _	RY OCCURRED  Not while  or work	20e. PLAC	E OF INJURY	(Home, farm te bldg., etc.)	20f. (City	or tawn)	(Ca	iunty)		(State)
	21. 1 certify t	hat I taak cha	rge of t	he rem	ains describ	ed aba	re, held a	n Autaps)	/ [], Ir	spection x	, )nqui	гу 🕱	and	find tha
	death resulted	from: Natur	ral causi	es 🗖,	Accident [	, Suid	ide 🔲,	Homicide	, Ui	ndetermined	-	].		
	ACTUAL SIGNATURE	Elsil	15_	He	West	4	_ M.D.	MEDICAL EX					DATE S	IGNED
	EXAMINER'S NAME (Type)	Eldridg	е Н.	Wolf	f, M.D.			ANT MEDICAL E		_		7-22	-57	
-	BURIAL, CREMATIC REMOVAL (Specify	July 2)		,_	NAME OF CEM					IION (City, tawn,			(Stat	e)
_	FUNERAL DIRECTOR	TO VILLY	9 17	115	ADDRESS	land	Cemeter		Robb BY REGIST		ISTRAR'S SI	-	F	
	eCompte F		rvice	Co	mbridee	Md.		40	1251.	10	- 1	200	1, 1	Tu.

BUREAU V. E. 1961 30 TACL

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07410

## CERTIFICATE OF DEATH

on Diet No

07420

	( = # 2 )				R	eg. Dist. No.		
PLACE OF DEATH			2. USUAL RESIDENCE (WI	here deceased li		Residence befo	re admissio	on)
	rchester Co.	MARYLAND	a. STATE		b. COUNTY	onchos	ton a	
b. CITY OR TOWN (	If outside corporate limits, wri	e c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate		orchesi		Ja
RURAL ond give n	learest town)					g and greened		
Cambridg	e Md.	1 Day	XX Cambridge	RFD #3				
OR INSTITUTION	TAL (If not in hospital, give str	eer agaress)	d. STREET ADDRESS				e. IS RESIS	PENCE FARM?
Cambridg	<u>e Md. Hospital</u>		Cambridge	e RFD #	3		YES 🗌	
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Da	ly Ye	eor
(Type or print)	Myra	Kirwan	Spedden	OF DEATH	July	28.	. 19	2 57
. SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years IF	UNDER I YEAR		
remale		OWED DIVORCED T	Ang 27 700	,	last birthday) M	onths Days	Hours	Min.
	1 11117 00	06. KIND OF BUSINESS OR INE	LAUG. 31. 1900		JU	12. CITIZEN C	E WHAT	CHINTE
during most of wor	rking life, even if retired)					iz. Cilizeia C	TTTIMI (	JUNIK
None		None	Hills Poi		Co. Md.	US	SA	
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME				
	mes Kirwan		El	la Clara	age	12 6		
S. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address			
No	for hard that men on prenen on paracel	None	T. Medford Sp	edden (	Cambridge	RFD #3	2	
	ATH [Enter only one couse pe			· ·	Junior Tues		ERVAL BET	WEEN
	ATH WAS CAUSED BY:	Carlos	Heminha	1.0		ONS	SET AND	EATH
0100	IMMEDIATE CAUSE (a)	apply the	11	7	2		1-1	non
260 X	DUE TO	Bo 1.	111	. 116			-	1-
Conditions, if a		Jenerali	sed Ares	wall	wzes		1	1
gave rise to i		" Lit	1, 100 A		175° C.		0	
lying cause last.	(c)	Vancus	mellille	D			19	N
PART II. OT	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIVEN	IN PART 1(0) 1	9. WAS A	UTOPSY
331X							PERFOR.	MED?
200. ACCIDENT W	AS UNDERLYING 1 206. I	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in I	Part I or Part II	of item 18.1		,,,,	
OR CONTRIBUTING	AS UNDERLYING   20b. I		temor marker or milery in	. Carron Con III				
-		t milley age case	OLLOS OF BUILDING	leas :=:	- NIR SI			
20c. TIME OF INJUI	W		PLACE OF INJURY (Home, farm factory, street, office bldg., etc		town)	(County)		(Stote)
Hour o. n.		work at work		1005.00				
21. I certify th	hat I attended the dece	eased from 7/27	7 10 57 to	, 7/	28 19571	nat ( last so	ou the	locoge
alive on	7/28	. 1	th occurred at 171VI	1				
GIIVE OII	1	2), and that dea			he causes and			
ACTUAL	7	10	121	Day 1 3	t, city or town, stot	e)	7/2	E SIGNE
ACTUAL SIGNATURE	Curent Vi	and and	M.D	MACE	7/			11)
PHYSICIAN'S NAME (Type)	-awrence	Maryanov	Camb	oridge	e Md.			
20. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATIO	N (City, town, or co	ounty)	(State)	
Burial (Specify)	July 30, 195	_						
3. FUNERAL DIRECTOR	- DV State J V V	ADDRESS	ards Cemetery	D BY REGISTRAI	245 PEGISTRA	R'S SIGNATUR		
				7/- KEGISIKAI	Z4D. REGISTRA			
LeCompte Fi	uneral Service	Cambridge Mo	DATE	1/3//5	7 75	- m	are.	77

**ZS6**I

TO HO.
moy L
TO FUN.
poge 3
the registrar

of ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and by the hospital or attending physician.

IRECTOR: After this certificate has been signed by the attending physician and completely filled be detached for use as the burial-transit permit. Then please remove corban papers. Pages i prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

s ofter death: Page 4

y the funeral director.

MEDICAL

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

701 30 JOS7

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S
17/19 Items 8.9 FilmG217 CERTIFICATE OF DEATH riar to burial, cremotion,

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY	rchester	AND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)  b. COUNTY Dorchester										
	b. CITY OR TOWN (III and give necrest town Cambrid	ge, Md.	RURAL	60 Yrs.	1 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  /3 Cambridge, Maryland								
5	/	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  6 Linden Ave					inden	Ave			ON	A FARM?		
	3. NAME OF DECEASED (Type or print)	First Herma		Middle B.		Lost Taylor	4. DATE OF DEATH	Manth July		Doy		60r 57		
	5. SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED	ПВ.	DATE OF BIRTH		9. AGE (In years	IF UNDE	R TYEAR		ER 24 HRS.		
	male	white	WIDOWED	DIVORCED [		May 16, 188		lost birthday) 71 yrs.	Months	Days	Hours	Min.		
X	during most of working Harmer	ON (Give kind af wark d ng life, even if retired)	ane 10b. K	Farming	IDUST	ry 11. BIRTHPLACE (Stole Caroli	or foreign of	country)	12. CI	TIZEN O		COUNTRY		
	13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME								
	George B. Taylor					Sarah	Wrigh	htson						
)	15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. S	none		rs. Herman	1 В. 1	Address Taylor	6	Line	den	Ave		
0	Conditions, if o gave rise to immed (a), stating the cause last.	underlying DUE TO		ronary Occ		OT RELATED TO THE TERM	NNAL DISEAS	SE CONDITION GIV	'EN IN PA		9. WAS			
	PART II. OTH	NTRIBUTING 🗆	. DESCRIBE	HOW INJURY OCCURR	ED. (E	nter nature of injury in Par	rt I ar Part II	of item 1B.)				NO EL		
ı	20c. TIME OF INJUI	RY Month, Day, Yea 19	While	NJURY OCCURRED 20e. rk at work	PLAC focto	E OF INJURY (Home, farm ry, street, affice bldg., etc	n, 20f. (Cit)	y or tawn)	(Co	ounty)		(State)		
2	21. I certify the death resulted ACTUAL SIGNATURE	fram: Natural of John Mace	auses T			e, held an Autaps ide , Hamicide  M.D. CHIEF MEDICAL E  ASSISTANT MEDIC  DEPUTY MEDICAL	XAMINER C	ER 🔲	Inqui	j. –		find that		
	220. BURIAL CREMATIO REMOVAL (Specify) Burial		1957	20c. NAME OF CEMETER  Dorcheste				TION (City, town, on the state of the state	or county)		(Stot	•		
	23. FUNERAL DIRECTOR  LeCompte		Serv:	ADDRESS ice Cambri	ldg		D BY REGIST	TRAR 24b. REGIS	STRAR'S SI	IGNATU	RE	Co 20		

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your est.

TO FUN. DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the regist. forward TO FUN VS. A15ME(5) 5M 9/55

DECEIVED

BUREAU V. S.

HOLLOWAY & COMPANY FUNERAL HOME SALISBURY MD.

VS. A15ME(5) 5M 9/55

DEPUTY

BUREAU V. S.

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JULY 12 1987

THE THEORY AND ADDRESS OF THE PROPERTY OF THE

STATE OF THE STATE OF

1921 91 701



TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward at the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatived for your forwar TO FUNER

		MARYLAND STATE DEPARTM	IENT OF HEALTH—BALTIMORE, 18	AT 190					
'n,	1	A 100 A 40 A	'S CERTIFICATE OF DEATH	07426					
natio	M)	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside						
Crei	表	Dorchester Co. MARYLANI	o. STATE Md. b. COUNTY	rchester Co.					
riol,	n	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)						
a pa		Cambridge Md. 10 Yrs.	/3 Cambridge Md.						
iar f	00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitat, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?						
2	/	208 Willis St.	208 Willis St.	YES NO					
jiste		DECEASED	Lost 4. DATE Month OF DEATH INTER	6. 19 57					
e regist		(Type or print)  R. Winfield  5. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	THOMAS OULY						
th th		Male White WIDOWED DIVORCED	Feb. 11, 1877 Ronths Months Months	Days Hours Min.					
with		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if relired)		ZEN OF WHAT COUNTRY					
and 2		Carpenter General Constru	ction Neck Dist. Md.	USA					
-		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
poges	3.5	John Wesley Thomas	Not Known						
File p	_0	(Yes, no, or unknown) (If yes, give war or dates of service)	INFORMANT Address						
	( - 4)	No   220-12-1300   18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Mrs. Alverda Morgan Cambridge R	F'D # 2					
ermi		DART I DEATH WAS CAUSED BY	idion	instant					
a tis		1420.1 Due to	181011	1110001110					
tran		Conditions, if ony, which) (b)							
20.0	Br. H	gove rise to immediate couse (o), stating the underlying DUE TO							
a pa		cause lost. (c)							
OS		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?					
Usec	0			YES NO N					
l be		200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)						
shauld			ACE OF INJURY (Home, farm, 20f. (City or tawn) (Co	unty) (State)					
3		O 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl While Not while for at work of work □	ctary, street, affice bldg., etc.)						
DIRECTOR: Page		21. I certify that I taok charge of the remains described ab	ove, held an Autopsy , Inspection , Inqui	y , and find that					
OR:		death resulted from Notural couses X, Accident , S	uicide 🔲, Homicide 🔲, Undetermined cause 🔲	).					
ECT			0	DATE SIGNED					
DIR	2	ACTUAL SIGNATURE MARCH	M.D. CHIEF MEDICAL EXAMINER	DATE STORES					
1		EXAMINERAS	ASSISTANT MEDICAL EXAMINER	7/8/57					
UNE		NAME (Type) John Mace Jr. M.D.  220. BURIAL, CREMATION, 122b. DATE THEREOF   12c. NAME OF CEMETERY C	DEPUTY MEDICAL EXAMINER	(500)					
TO FUNE		REMOVAL (Specify)		(State)					
-	53	Burial July 9, 1957 Dorchester	Mem. Park   Cambridge M						

Dorchester Mem.

Md.

Cambridge

ge Md.

24a. REC'D BY REGISTRAR

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

LeCompte Funeral Service

BUREAU V. & TO TO TOPA